# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. _____ 149 _____ Primary Registration District No. _____ 1002 _____ Registrar's No. _____ 338

**338**

**62-001830**
STATE FILE NUMBER

AMENDED

DATE AMENDED

FILED FEB 6 1962

**1. PLACE OF DEATH**

a. COUNTY *Jackson*

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *Kansas City*

Length of stay in 1b *45 Yrs.*

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *3516 Benton*

Inside Limits Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE *Missouri*  b. COUNTY *Jackson*

c. CITY OR TOWN *Kansas City*  Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) *3516 Benton*  Reside on Farm Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print)
First *Harry*  Middle  Last *Lazarus*

**4. DATE OF DEATH** Month, Day, Year *January 19, 1962*

**5. SEX** *Male*

**6. COLOR OR RACE** *White*

**7.** Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

**8. DATE OF BIRTH** *3/1/85*

**9. AGE** (last birthday) *76*

IF UNDER 1 YEAR Months / Days

IF UNDER 24 HR Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) *Retired Merchant*

**10b. KIND OF BUSINESS OR INDUSTRY** *Luggage*

**11. BIRTHPLACE** (City and state or country) *New York, New York*

**12. CITIZEN OF WHAT COUNTRY** *U.S.*

**13a. FATHER'S NAME** *Schepsel Lazarus*

**13b. MOTHER'S MAIDEN NAME** *Unknown*

**14. NAME OF HUSBAND OR WIFE** *Anna Lazarus*

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) *No*

**16. SOCIAL SECURITY NO.**

**17. INFORMANT** Address *Anna Lazarus 3516 Benton K.C., Mo.*

**18. CAUSE OF DEATH** (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | CONGESTIVE CARDIAC FAILURE | 5 YRS. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE | 5+ YRS. |
| DUE TO (c) | MYOCARDIAL INFARCTION - POSTERIOR | 9 months |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
*STATUS POST - PULMONARY EMBOLI*

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a.** ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m.  Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION**  COUNTY  STATE

**21.** I attended the deceased from _____ 7-29-61 _____ to _____ 12-29-61 _____ and last saw him alive on _____ 12-29-61

Death occurred at _____ 7 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) *Harry C. Wall M D*

**22b. ADDRESS** *751 E 63rd*

**22c. DATE SIGNED** *1/19/62*

**23a. BURIAL, CREMATION, REMOVAL** (Specify) *Burial*

**23b. DATE** *1/21/1962*

**23c. NAME OF CEMETERY OR CREMATORY** *Sheffield Cemetery*

**23d. LOCATION** (City, town, or county) (State) *Kansas City, Missouri*

**24. FUNERAL DIRECTOR** *J.P. Louis Funeral Home, K.C., Mo.* ADDRESS

**25. DATE RECD. BY LOCAL REG.** *1-19-62*

**26. REGISTRAR'S SIGNATURE** *Ruth Long*

MEDICAL CERTIFICATION

BY AFFIDAVIT OF — Harry C. Wall

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS / INSTEAD OF / SHOULD READ / ITEM NO.

DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____     Signed_____
                Signature of Student Embalmer

Licensed Embalmer No. **2756**

P. O. Address_____ Kenie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
   If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
   If this body is not embalmed, fact should be so stated above.